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**FACSIMILE TRANSMITTAL**

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**TO:**

**Name:** Mail Stop AMENDMENT  
Group Art Unit 3731/Examiner Uyen Ho

**Firm:** U.S. Patent & Trademark Office

**Fax No.:** 571-273-8300

**Subject:** U.S. Patent Application No. 09/626,636  
Gary Karlin Michelson, M.D.

**Filed:** July 27, 2000

**A GUARD FOR USE IN PERFORMING  
HUMAN INTERBODY SPINAL SURGERY**  
(as amended)

**Attorney Docket No.** 102.0003-04000

**Customer No.** 22882

**Confirmation No.** 6124

**FROM:**

**Name:** Thomas H. Martin, Esq.

**Phone No.:** 330-877-2277

**No. of Pages (including this):** 28

**Date:** February 23, 2006

**Confirmation Copy to Follow:** NO

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**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$1,950.00 total amount to cover the \$1,020 three-month extension fee, \$750 additional claims fee, and \$180 IDS fee is to be charged to Deposit Account No. 50-3726), Amendment, and Information Disclosure Statement with Form PTO-1449 are being facsimile transmitted to the U.S. Patent and Trademark Office on February 23, 2006.

  
Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-04000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/626,836

Filed: July 27, 2000

For: A GUARD FOR USE IN PERFORMING  
HUMAN INTERBODY SPINAL SURGERY  
(as amended)

Confirmation No. 6124

Art Unit: 3731

Examiner: Uyen Ho

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action dated August 24, 2005 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a three-month extension of time to respond to the above Office Action.
- ☒ Information Disclosure Statement and Form PTO-1449 are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	171	-	160	**	11	LG=\$50 SM=\$25	\$50	\$ 550.00
INDEPENDENT CLAIMS FEE	6	-	5	***	1	LG=\$200 SM=\$100	\$200	\$ 200.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL								\$ 750.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the total amount of \$1,950.00 to the cover the \$1,020 three-month extension, \$750 additional claims fee, and \$180 IDS fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
MARTIN & FERRARO, LLP

Date: February 23, 2006

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